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Bib Data Sheet

CONFIRMATION NO. 6994

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|------------------------------------|---|---------------------|-------------------------------|--------------------------------------|
| <b>SERIAL NUMBER</b><br>09/887,429 | <b>FILING OR 371(c) DATE</b><br>06/25/2001<br><b>RULE</b> | <b>CLASS</b><br>601 | <b>GROUP ART UNIT</b><br>3764 | <b>ATTORNEY DOCKET NO.</b><br>987-42 |
|------------------------------------|---|---------------------|-------------------------------|--------------------------------------|

**APPLICANTS**

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 08/14/2001

|  |                               |                            |                           |                                |
|--|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>FL | <b>SHEETS DRAWING</b><br>4 | <b>TOTAL CLAIMS</b><br>11 | <b>INDEPENDENT CLAIMS</b><br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                           |                                |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |                               |                            |                           |                                |

**ADDRESS**

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**TITLE**

Method and apparatus for graft enhancement and skin therapy

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>395 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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